

STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
P.O. BOX 30044 – LANSING, MI 48909

This form is issued under authority of Act 346 P.A. 1966. Completion and execution of this form is required.
Failure to complete and execute this form may result in the termination of the construction subcontract.

WORKFORCE ANALYSIS

CURRENT TOTAL MICHIGAN WORKFORCE BREAKDOWN

Job Category or Trade (include all employees)	TOTAL EMPLOYEES		American Indian / Alaska Native		Asian		Black or African American		Hispanic or Latino		Not Hispanic or Latino		Native Hawaiian/ Other Pacific Islander		HANDICAPPED	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

IN COMPLIANCE WITH THE STATE AND MSHDA GUIDELINES, we hereby commit our firm to a total workforce integration of _____ % minorities and _____ % females in each skilled trade for the length of our subcontract. We shall make a good faith effort to employ _____ % minorities and _____ % females in our total workforce and/or on this development on the FIRST DAY of work on this development. These percentages will be substantially and uniformly maintained throughout the length of this subcontract.

PROJECTED WORKFORCE ON THIS JOB

Job Category or Trade (include all employees)	TOTAL EMPLOYEES		American Indian / Alaska Native		Asian		Black or African American		Hispanic or Latino		Not Hispanic or Latino		Native Hawaiian/ Other Pacific Islander		HANDICAPPED	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

MINORITY MEANS:

American Indian/Alaska Native, Asian, Black or African American, Hispanic or Latino, Not Hispanic or Latino, or Native Hawaiian or Other Pacific Islander

MSHDA Development Name:
MSHDA Development Number:

Authorized Signatory

Title

Company Name

Date

